



# CROSSPOINT

children's center

A Faith-based Preschool

## ATTENTION

Dear Parents,

Please be advised that all forms included should be printed as **one-sided only**. It is our priority to ensure all registrations forms are processed correctly so we will need each document on one page. **No double-sided documents.**

**\*You can go to your printer settings/printer properties and check to see that two-sided/double-sided/duplex printing is OFF.**

### Example:

Print 1 sheet of paper

Color Color

More settings

Paper size Letter

Pages per sheet 1

Margins Default

Quality 600 dpi

Scale Custom

50

Two-sided  Print on both sides

Leave box UNCHECKED

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER  
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

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HOME PHONE

( )

WORK PHONE

( )

**CrossPoint Children's Center**  
**CHILD ABUSE PREVENTION PAMPHLET RECEIPT**

This will acknowledge that I/we, the parents of

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have received a copy of and have read "Child Sexual Abuse Prevention: Tips to Parents" from the authorized representative at CrossPoint Children's Center.

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Parent Signature

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Date

# **PHOTO RELEASE For Preschool Use**

## **CrossPoint Children's Center 2024/2025**

We realize that some parents have special circumstances whereby they might not want their child to be photographed. We often take pictures for crafts, for the bulletin boards, and of our educational field trips. We will also be using the photographs for memory books, as well as for the classroom. If you do not want your child's photo taken we would like to know. Please keep in mind that if you answer "No", your child's picture will not be taken at all. Please sign this sheet to let us know your wishes.

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Yes, my child may be photographed for preschool use.

\_\_\_\_\_ No, I do not want my child to be photographed for preschool use.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

**CrossPoint Children's Center**  
**FIELD TRIP CONSENT FORM**

**Walking Field Trip** -----

I/we have read the cover letter on field trips, and I/we give permission for my/our child to go on walking field trips as described in the cover letter.

Name of child \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

-----  
**Classroom Field Trip** -----

I/we have read the cover letter on field trips, and I/we give permission for my/our child to participate on field trips in their classroom as described in the cover letter. We understand we will give consent or deny each field trip as they come up.

Name of child \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
- \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- \* Live in out-of-home placements.
- \* Have, or are suspected to have, HIV infection.
- \* Live with an adult with HIV seropositivity.
- \* Live with an adult who has been incarcerated in the last five years.
- \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- \* Have abnormalities on chest X-ray suggestive of TB.
- \* Have clinical evidence of TB.

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Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
	HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
 (CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN  
 AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY  
 CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT



## Mass Disaster Emergency Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Allergies (Include Medicine): \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Disabilities/Medical Conditions (i.e., asthma, diabetes, seizures): \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

**Local Friend or Relative that may take your child from the facilities:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Out of State Friend or Relative that can be contacted:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pediatrician or Family Doctor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Father (or legal guardian)

Mother (or legal guardian)

**CrossPoint Children's Center**  
**CAREGIVER BACKGROUND CHECK RECEIPT**

This will acknowledge that I/we, the parents of

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have received a copy of and have read " Important Information for Parents: Caregiver Background Check Process, California Department of Social Services" from the authorized representative at CrossPoint Children's Center.

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Parent Signature

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Date

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

# **CrossPoint Children's Center PARENTAL AGREEMENT 2024/2025 School Year**

**Child's Name** \_\_\_\_\_

**The following conditions for the care of your child, are understood and agreed upon between CrossPoint Children' Center and the undersigned parent(s) or guardian(s).**

**CrossPoint Children' Center agrees that:**

1. In return for the sum the parents agree to pay, CrossPoint Children's Center will give regular care to the above named child unless the center is closed as noted on the school calendar.
2. The staff will examine the children daily for symptoms of contagious disease before they are admitted for the day.
3. The center will give written notice in the event of any exposure to a contagious disease within the group.
4. The center will exercise reasonable care and judgment in all matters related to the child. In the case of an accident or illness to the child, the staff will promptly take reasonable measures as are, in their judgment, in the best interest of the child, and will notify the parents as soon as possible.
5. The center will hold emergency drills on a regular basis.
6. The center will not release the child to anyone other than the persons on the authorized release list, unless there is written and/or verbal permission from the parent or guardian.

**The Parent or Guardian agrees that:**

1. Tuition is due the first day of the month. The full tuition amount, including any incurred charges for the care of the child named above, will be paid as stipulated on the current year's tuition sheet. Responsibility for timely payment of child care costs is that of the parents or guardians signing this agreement.
2. If payment is not received by the fifth day of the month, a \$20.00 late fee will be applied to the child's account. If payment is not received by the tenth day of the month, and no arrangement has been made with the director for payment, the child will not be admitted to the program until all fees are paid in full.
3. Tuition and Fees are due on the first day of the month and late by the end of the fifth day of the month even if the child is not in attendance, unless other arrangements have been made with the director.
4. Tuition and Fees are payable by Electronic Funds Transfer from your checking or savings account or by recurring credit card charges. If you choose to not enroll in Tuition Express, our EFT provider, a \$5.00 monthly "handling fee" will be added to your account. Payments made by check and money order should be made payable to CrossPoint Children's Center (CPCC) and submitted to the front office for processing. If you are unable to come in you can make a credit card payment over the phone.

**(Over)**

5. CrossPoint Children’s Center operates year round. Operational costs continue even when your child is away. Therefore, no tuition credit is given for any of the days when the center is closed or any days the child is absent due to illness or vacation.
6. When a current school year child is re-enrolled for the coming Fall, because CrossPoint Children’s Center is a year round school, the child must remain enrolled for the summer in order to guarantee the space for the new Fall session.
7. Children normally starting preschool at 7:00 am, 7:30 am or 8:00 am who are dropped off before their scheduled times will be charged an early drop-off fee of \$10.00 for each 15 minutes or portion thereof. Early drop-off charges will begin at 6:00 am, 7:00 am, 7:30 am or 8:00 am depending on your child’s scheduled arrival time.
8. A late pick-up fee of \$25.00 per each fifteen minutes or portion thereof is assessed after 6:30 p.m. for full day students or any student left after closing. A late pick-up fee of \$10.00 per each fifteen minutes or portion thereof is assessed for half-day and short full-day students. The appropriate late pick-up fee will be added to your next month’s invoice.
9. All persons who drop-off or pick-up their child must use the Fingerprint check in or enter their personal security code using the touch screen system.
10. Prescriptions and over the counter medication will be given only on the written approval of the parents. Parents will be required to fill out the medication form from the center. The child’s name, dosage, and times must match prescription label. Over the counter medication must match the dosage amount on the medication label and be noted by the parent with the child’s name. All left over medication must be taken home when the prescription date has expired. Parents must provide measuring devices for each medication.
11. In all emergencies, the center has permission to take reasonable measures that are, in the judgment of the staff, necessary for the welfare and safety of the child.
12. If withdrawing the child from CrossPoint Children’s Center, a **two week written notice** must be given to the office. **The parent is financially responsible for those two weeks, whether or not the child is in attendance at the center.** You may pick up a “**Notification of Withdrawal**” notice from the front desk.

**CrossPoint Children’s Center and the Parents/Guardians understand and agree that:**

1. This is a contract binding for both the center and the parents/guardians.
2. Either CrossPoint Children’s Center or the parents/guardians may terminate this contract upon written notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **CrossPoint Children's Center Family Commitment**

The CrossPoint Children's Center exists to care for and educate children in a Christian environment.

CrossPoint Children's Center is based on the Biblical truths of the Christian faith. It is specifically committed to a Protestant, evangelical, Christ-centered perspective as developed by the churches of the Reformed faith.

I/we recognize that we will be given opportunities to participate in the education of our child through presence on school campus, or participation in school activities. We acknowledge that we have been informed of the Children's Center's spiritual and academic views and objectives, as stated in the policy handbook, and we agree that we will support them, both in word and deed, while on the school campus and involved in school activities.

I/we pledge that if, for any reason, our child does not respond favorably to CrossPoint Children's Center, we will do everything in our power to cooperate with CPCC to help our child make the necessary adjustments. If these adjustments cannot be made, then we will quietly withdraw our child.

I/we will support CrossPoint Children's Center by involvement in Parent Orientation, Back-to-School Night, Parent-Teacher conferences, Open Houses, and other CrossPoint Children's Center sponsored meetings and activities, wherever possible.

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Parent Signature

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Date

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Parent Signature

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Date

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Student Name

# *JOIN OUR EMAIL LIST*

CPCP Parents,

We would like for you to join our school email list!

- Receive school updates & announcements
- CrossPoint Corner monthly newsletter
- Weekly lesson plans (sent every Friday/Monday)
- Important news from CrossPoint Children's Center
- Access to RightNow Media

**If your child is currently enrolled, you will still need to fill out a new email form for the new school year.** Your personal information is kept confidential and is only used by the school administration.

If you do not see your weekly email please check your "Spam" folder to make sure it was not sent there. If you are still unable to find the email, please leave a note in the front office. So we can double-check to make sure we have the correct email address.

*Please fill out and return the following information to the front desk so that you may receive weekly lesson plans and will stay informed on CPCP news:*

Parent's name: \_\_\_\_\_

Your child's name: \_\_\_\_\_

Your child's room number: \_\_\_\_\_

Primary email address: \_\_\_\_\_

Secondary email address: \_\_\_\_\_  
\*optional\*

Dear Parents,

Communication is very important to CrossPoint Children's Center. To ensure the safety of the children in our care we have implemented a messaging system called "School Messenger". School Messenger will allow us to send voice messages to your cell phone in case of fire, earthquake, or any possible emergency that may occur. Please fill out the bottom portion of this page and return it to the office as soon as possible. **You may have previously received this form; however, a new form must be filled out every school year.** Thank you for your cooperation.

-CrossPoint Children's Center

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## School Messenger

Child's room number \_\_\_\_\_

Child's first name \_\_\_\_\_ Child's last name \_\_\_\_\_

Father's first name \_\_\_\_\_ Father's last name \_\_\_\_\_

Mother's first name \_\_\_\_\_ Mother's last name \_\_\_\_\_

Father's cell phone \_\_\_\_\_ Mother's cell phone \_\_\_\_\_



Hop aboard the Tuition Express and never write a check again!

ProCare Software

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit [www.tuitionexpress.com](http://www.tuitionexpress.com).

For Bank Account Authorization, complete and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize \_\_\_\_\_, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

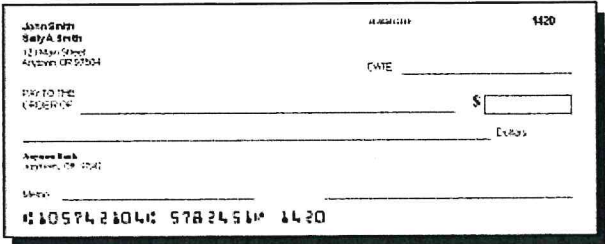
Form with fields for: Your Name, Phone #, DEPOSITORY - Bank or Credit Union Name, Address, Bank or Credit Union Address, City, State, Zip, Type: [ ] Checking [ ] Savings, Routing Transit Number (see sample below), Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number    Account Number    Check Number

Please attach a copy of a voided check here. Deposit slips not accepted.

